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MN014301. South African Lauds Navy's Assist With HIV Prevention
By Jan Davis, Bureau of Medicine and Surgery
San Diego, Calif. - Since October 2000, the Naval Health Research Center in San Diego, as executive agent for DoD, has been working with the militaries of several African nations to establish HIV/AIDS education and prevention programs.

CDR Richard A. Shaffer, MSC, the manager of the program, has been coordinating military medical teams to sub-Saharan Africa as part of a two-year anti-aids initiative that is expected to be extended for additional years. Countries currently involved are Botswana, Angola, Kenya, Benin, Zambia, Lesotho, Ghana, Ethiopia, Nigeria, and South Africa.

Recently, a representative from South Africa was in the U.S. to meet with NHRC specialists involved in the program. Lt. Col. Cornelius J. Engelbrecht is the deputy director for communicable diseases for the South Africa Military Health Service HIV program. According to Engelbrecht, his government and the military have embraced the prevention program and is welcoming our Navy expertise and experience in helping curtail the spread of HIV among his country's military.

With the help of Shaffer, LT Heidi Kraft, Dr. Stephanie K. Brodine, and others at NHRC, South Africa's Military Health Service has developed a multi-phased plan of training, awareness, communication, and population targeting. Initial training is well underway, and the second phase, increased awareness, has recently been kicked off.

"We call this phase Masibambisane, which is Zulu for 'to hold hands,'" said Englebrecht. "That is the literal meaning, but it has a more figurative meaning, of support, working together, holding hands."

Among the English-speaking populations in the country, Masibambisane is called "Beyond Awareness." It is designed to reach beyond providing knowledge about the disease to changing behavior. It kicked off Aug. 1 after briefings to the South African cabinet, admirals and generals, warrant officers, chaplaincy, and others.

Engelbrecht said the DoD program and staff at NHRC was "definitely instrumental" in getting the new campaign into action.

"We knew we needed it, but we never had the funds to do this," said

Engelbrecht. "And you (Navy Medicine and NHRC) also had a wealth of experience in how to do it successfully."

The third phase, which begins in November, will involve more in-depth training to prevent HIV. The goal is to train 80 percent of the country's total military force within the next year.

Engelbrecht said it was still too early to tell how well the program is working.

Engelbrecht said a survey will be done about every six months to monitor the program's effectiveness. The first survey is scheduled for March 2002 with results available in July 2002.

According to Shaffer, as many as a third of some African nation's military personnel may be infected with HIV. Navy and other DoD personnel are assisting many of those militaries in meeting the following objectives:

- establish HIV/AIDS-specific policies for military personnel;
- adapt and provide HIV prevention programs;
- train military personnel to implement, maintain and evaluate HIV prevention programs;
- provide information/training to change high-risk HIV attitudes and behaviors among military personnel;
- integrate and make use of other U.S. government programs and those managed by Allies and the United Nations.

Visit the NHRC website at www.nhrc.navy.mil for more information about the DOD HIV/Aids Prevention Program in Africa.

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MN014302. Move Over Smoke Detectors, Anthrax Detectors Are Coming By The Office of Naval Research

Arlington, Va. - A researcher working under an Office of Naval Research grant is just a couple of months away from completing a prototype detector designed to sound the alarm when airborne microbes such as anthrax are in the air.

Dr. Jeanne Small, a biophysicist and professor of chemistry and biochemistry at Eastern Washington University in Cheney, Wash., has come up with a detector that continuously samples the air, offering analysis in under a half-hour.

"Our research showed that common substances such as road dust and soot behaved differently than bacteria," Small said.

She has successfully tested biological particles ranging in size from 1 to 10 microns by using lasers and acoustic sensors to detect and identify microbes.

In the research, laser pulses were used to excite light- absorbing substances that release energy as heat. Heat- induced solvent expansion generated sound waves, which were measured by an ultrasonic transducer.

Working with Small is InnovaTek, a Richland, Wash., company that makes the air sampler, and Quantum Northwest in Spokane, Wash., is building the sensor component.

For information on the Office of Naval Research, go to www.onr.navy.mil

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MN014303. Active Duty Get Permanent Chiropractic Care Benefit

The National Defense Authorization Act (NDAA) passed last year, authorized chiropractic care for active duty service members, but not for family members of active duty personnel, effective Oct. 1, 2001.

Previously, chiropractic care services were provided to active duty personnel and family members under the Chiropractic Health Care Demonstration Program (CHCDP), which ended on Sept. 30, 2001.

Chiropractic care is a health care discipline that focuses on the relationship between the structure - primarily the spine - and the function - as coordinated by the nervous system - and how that relationship affects health. Chiropractic care emphasizes healing without the use of drugs or surgery. However, chiropractic providers work in cooperation with other health care providers in the best interest of the patient.

Chiropractic care for active duty members is available only at sites authorized by the Department of Defense, which for the Navy includes: Naval Hospital Camp Lejeune, N.C.; Naval Hospital Camp Pendleton, Calif.; Naval Hospital Jacksonville, Fla.; and National Naval Medical Center Bethesda, Md.

Active duty service members may be treated by a chiropractic provider for neuro-musculoskeletal conditions if referred by their primary care manager at one of the designated military treatment facilities. During the course of treatment, the primary care manager will determine if specialty care, traditional or chiropractic, is required. If chiropractic care is considered an option, the patient will undergo a screening process to rule out any medical conditions that would prohibit chiropractic care. If appropriate, the primary care manager may refer the patient to a chiropractic provider for treatment.

These procedures must be followed to receive chiropractic care under the Chiropractic Care Program. Chiropractic care received outside of the designated locations may not be covered under the program. Updates on the new chiropractic benefit for active duty service members, including new sites, will be available on the MHS/TRICARE Web site at <http://www.tma.osd.mil/ndaa>.

Service members are also encouraged to contact or visit their local health benefits adviser or beneficiary counseling and assistance coordinators with any questions they may have regarding the new chiropractic benefit.

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MN024304. Need A Medical or Birth Record? Here's Where to Go

By Jan Davis, Bureau of Medicine and Surgery

Retired? Need a copy of your medical record? The Military Personnel Records Branch of the National Personnel Records Center in St. Louis is the place to go.

Original medical records, as well as those of family members and other persons treated at naval medical facilities, are forwarded to MPR-NPRC within 90 days of a sponsor's retirement. Besides retiree medical records, the center is also the repository of millions of military medical records of discharged and deceased veterans of all services who served during the 20th century.

To get copies of medical records, MPR-NPRC must receive a written, signed and dated request with as much specific information as possible to aid in the records search. Standard Form 180, available on the MPR-NPRC website, www.nara.gov/regional/mpr.html, includes complete instructions for preparing and submitting requests, but is not required to request information.

Mail requests to:

National Personnel Records Center
(Military Personnel Records)
9700 Page Avenue
St. Louis, MO 63132-5100

Once you've submitted your request, have patience - the center has a backlog of 200,000 requests, and gets 5,000 new requests daily. The average response time is three to four months.

"Many people don't know their original medical record is government property, and when they retire, it's going to the records center in St. Louis," said CDR Ronald Luka, MSC, head of the beneficiary access and support branch at the Bureau of Medicine and Surgery. "That's true even if you're going to continue going to the same MTF for care when you retire. You need to make a copy of your record so you can avoid the wait of retrieving records from NPRC."

Because medical information is protected by the Privacy Act of 1974, medical records can only be requested by the individual or, if that individual is incapacitated or deceased, by a close family member, or by court order.

Another common request of Navy Medicine is copies of birth certificates for babies born at naval hospitals. Copies of birth certificates are available through individual state's departments of health or vital statistics. If born at an overseas naval hospital, birth certificate copies can be requested through the State Department website at travel.state.gov/consular_records.html.

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MN014305. HSO Jax Rolls Up Sleeves to Make a Difference

By JOC Bill Austin, Naval Healthcare Support Office Jacksonville

Jacksonville, Fla. - Care came hand delivered in the form of a 222-pound box of food.

Sailors from the Healthcare Support Office (HSO) at Naval Air Station Jacksonville wheeled the huge load of goods up the loading dock ramp of downtown Jacksonville's Second Harvest Food Bank, rallying to make "Make A Difference" on the national day of helping others.

Created by USA WEEKEND magazine, Make A Difference Day is an annual event that takes place on the fourth Saturday of every October. It celebrates neighbors helping neighbors. Last year, 2.2 million people across the nation accomplished thousands of projects in hundreds of towns and helped an estimated 25 million people.

After the drop off, sleeves were rolled up and the group began working in the back of the warehouse boxing food goods and labeling what seemed like an endless supply of canned goods.

"I'm really honored to be here from HSO helping out my fellow citizens," said a smiling HN Merlin McSween.

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MN014306. Yokosuka HM Prevents Suicide

By Bill Doughty, U. S. Naval Hospital, Yokosuka, Japan

Yokosuka, Japan - He was drunk, over the retaining rail and ready to jump from the top of the parking garage when HM1 Rosanna Hendrix and MA2(AW) James Wayne Campbell saw him.

They raced up the stairs, reaching him just as he let go, pulling him back over the railing to safety.

The two lifesavers called an ambulance and got the Sailor to the emergency room. Later, Hendrix, an independent duty corpsman at USNH Yokosuka's primary care clinic, visited him in the hospital. He said he didn't remember a thing.

"Shipmates should be concerned when they see someone using alcohol to deal with negative feelings," said Hendrix. "Alcohol is a drug. It acts as a depressant."

According to statistics, nearly 80 percent of suicides involve alcohol use in the previous 24 hours. You don't have to be a medical expert to see the signs that someone's drinking to excess, said Hendrix.

"If someone had stayed with him they would have seen the signs that

something was going on with this person just simply by the way he was acting," she added. "He was very depressed. And the alcohol only makes that worse."

Campbell, with Fleet Activities Yokosuka's base security, is no proponent of drinking.

"Before I came to security," said Campbell. "I used to drink a little bit. But after coming here and seeing all the things and how stupid it makes people look I don't drink anymore."

Hendrix had similar feelings.

"I can't tell everyone not to drink. But if you're going to drink, drink with a buddy. And look out for each other," she said.

Because Hendrix and Campbell looked out for this troubled Sailor, he got the help he needed and is now on his way to recovery.

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MN014307. Bethesda Teaches Local Students to Save Lives

By JO3 Cherri Boggs, National Naval Medical Center Bethesda

Bethesda, Md. - Fifteen high school students from Washington D.C.'s Eastern Academy High School spent the day at National Naval Medical Center Bethesda recently to learn how to save a life by giving CPR.

HM3 Joseph Rawson of Bethesda's staff education and training department coordinated the training and was also one of the instructors. HM2 Christopher Williams and HM3 Samantha Petruck assisted.

"This was the first time a class has been provided for a school that wasn't military affiliated," Rawson said. "The kids were really into it."

During breaks, the petty officers answered questions, explained what their jobs were at Bethesda and talked to students about their career goals.

"This was our first experience with NNMC and it went so well we would like to repeat it on a regular basis," Rodney Smith, a school administrator, said.

HM1(FMF) Kennith Montgomery, with Navy Recruiting Command Philadelphia and formerly on the staff at Bethesda, set up the visit when school officials asked him to provide students with exposure to the Navy and serve as a mentor. Montgomery, along with mentors from various job fields and professions, provides leadership and academic advice to the students.

"I try to let them know that if they apply themselves it will benefit them," said Montgomery. "It's good for them to know that someone is taking an interest in their lives and their futures."

Eastern Academy High School has a 99 percent graduation and a 100 percent college acceptance rate.

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MN014308. Winkenwerder Sworn In

Washington, DC - Dr. William Winkenwerder Jr. took the oath of office last week as the new assistant secretary of defense for health affairs. Winkenwerder was nominated for the position by President Bush on Sept. 21, 2001, and confirmed by the Senate on Oct. 16, 2001.

As the assistant secretary of defense for health affairs, Winkenwerder serves as the principal staff assistant and advisor to the secretary and deputy secretary of defense and the under secretary of Defense for Personnel and Readiness for all Department of Defense health policies, programs, and activities. He will have the responsibility to effectively execute the department's healthcare mission. This mission is to provide, and to maintain readiness to provide, healthcare services and support to members of the armed forces during military operations. In addition, the department's healthcare mission provides healthcare services and support to members of the armed forces, their family members, and others entitled to DoD

healthcare.

Winkenwerder has held a variety of senior-level positions in the healthcare industry. Most recently, he was vice chairman, Office of the Chief Executive, and executive vice president of Health Care Services for Blue Cross Blue Shield of Massachusetts, the largest health insurance plan in New England with more than 2.4 million enrollees.

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MN014409. HealthWatch: Misconceptions Can Aggravate Acne

By HM3 Darryl Saylor, U. S. Naval Hospital Yokosuka

Have you ever been ashamed to go out in public because you had "zits" on your face? Put down the paper bag. Zits are the pits, but there is hope. With proper treatment, acne will eventually subside.

Acne is a skin disease involving the oil glands that empty into hair follicles. When people have acne, these glands over-produce an oily substance called sebum, and the hair follicle can then be clogged with skin cells. Bacteria forms in the clogged follicles and feeds off the excessive sebum. Sometimes, these glands burst, causing inflammation and, consequently, a blemish develops.

There are different types of "pimples" or blemishes. Comedones are simply an enlarged hair follicle plugged with oil and bacteria. If these comedones stay underneath the skin, it is a "closed comedone" or "whitehead." However, if the comedone reaches the surface of the skin, it is called an "open comedone" or a "blackhead." Blackheads are not caused by dirt - sebum and bacteria discolor when they reach the skin surface.

Other blemishes are papules, pustules (pimples), and nodules or cysts. Papules are small, pink bumps. Pustules are inflamed, pus-filled lesions. Nodules are large, painful, solid lesions located deep within the skin, and can cause pain and possibly scarring.

Most acne occurs from hormonal and biological changes in the body. Chocolate, french fries, milk, and a variety of other foods have all been accused of being culprits of aggravating acne, but no scientific studies have proven that any specific food is guilty. That said, a well-balanced diet will only improve the health of your skin.

Acne is not caused by poor hygiene. It can actually become worse if you wash your skin too vigorously and frequently. Too much enthusiastic scrubbing can irritate the skin. It's better to wash your skin no more than twice a day with very mild soap and use appropriate acne medications.

Stress does not cause acne, but it might aggravate it. Some people believe that it leads to acne by the physiological effects on the body, in turn causing hormonal changes that can cause acne. Actually, some medications that treat stress can cause acne.

A common misconception is that sunlight will cure or make acne better. While it may improve acne for a short time, in the end, sunlight might make it worse. Also, too much sun exposure can lead to other skin problems: premature aging and skin cancer.

There is hope for the acne sufferers. Here are some hints to zap zits:

- Don't use an astringent to wash your skin. It can actually make your skin more oily.

- Don't pick or squeeze pimples or try to dry them out. It irritates your skin and could make the acne worse. Picking or squeezing can also cause infection and permanent scarring.

- Many over-the-counter products and medications are available to treat acne. Read directions carefully and don't over-do it.

- Your primary care provider or a dermatologist can prescribe effective medication if over-the-counter products don't work. Follow medical directions completely. Most treatments are combinations of drugs, and can

include an oral antibiotic as well as a skin gel or cream. Depending on the severity of your acne, the dosage of these medications can vary.

- For severe and stubborn cases, a powerful medication called Accutane may be prescribed. Many people have found that Accutane works very well for them and some never have a case of acne again. However, some do regress and need a repeated course of Accutane to treat their acne.

If you should suddenly develop acne later in life, the chances are it may not be acne at all, but a condition called rosacea. For the most part, the treatment for rosacea is identical to acne, but it's recommended you see your primary care provider or a dermatologist for care guidance.

In the end, you will be glad that you had your acne treated and cleared up. With acne behind you, you'll be able to use that paper bag for other things.

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